

Universidade do Porto
Faculdade de Psicologia e de Ciências da Educação

**STORY STEM RESPONSES OF CHILDREN WITH
INTERNALIZING AND EXTERNALIZING PROBLEMS**

Kristina Ferraz de Barros

Outubro 2014

Dissertação apresentada no Mestrado Integrado em Psicologia,
Faculdade de Psicologia e de Ciências da Educação da Universidade
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Story-Stem Responses of Children with Internalizing and Externalizing Problems

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Resumo:

Este estudo tem como objetivo analisar comparativamente as narrativas de crianças com problemas de internalização, com problemas de externalização e sem problemas situados num nível clínico. Nestas narrativas, são analisadas as representações sobre o adulto enquanto fonte de apoio emocional e instrumental, bem como a capacidade da criança lidar com a adversidade e gerir a emocionalidade associada aos conflitos. Participaram, neste estudo, 10 crianças com problemas de internalização, 10 com problemas de externalização e de 10 crianças que foram integradas no grupo não clínico, de controlo. As narrativas foram codificadas com recurso ao Story Stem Assessment Profile (SSAP; Hodges, et al., 2003). Os resultados mostram que, comparativamente com o grupo de controlo, as crianças com problemas de externalização descrevem mais temas de perigo e de evitamento e as suas narrativas refletem uma maior desregulação emocional. Têm, também, representações mais negativas sobre as figuras parentais e constroem narrativas menos coerentes. No grupo com problemas de internalização as diferenças não foram evidentes. Estes resultados são discutidos com recurso à hipótese representacional e à hipótese da regulação emocional, sendo ainda discutida a importância de selecionar de inícios de histórias que permitam discriminar as especificidades das narrativas das crianças com problemas de internalização e de externalização..

Abstract: This paper aims to compare narratives of children with internalizing and externalizing problems and children without clinical problems. In this narratives, the adult representations as a source of emotional and instrumental support as well as the children ability to deal with adversity and emotional symptoms in the conflicts are explored. It participated in this study 10 children with internalizing problems, 10 with externalizing problems and 10 from a non-clinical control group. Narratives were coded with the Story Stem Assessment Profile (SSAP; Hodges, et al., 2003). Results show that, in comparison with the control group, children with externalizing problems present more danger and avoidance, reflecting more emotional dysregulation. They also present more negative

parental representations and less narrative coherence. In the internalizing group the differences were not clear. The results are discussed based on the emotional representation hypothesis and the emotional regulation hypothesis. It is also discussed the importance of selecting story-stems that allow to discriminate the narrative specificities of children with internalizing and externalizing problems.

Key words: internalizing problems, externalizing problems, attachment representations, SSAP system, story-stems, narrative representations.

Introduction

Observing the affect regulation and thought processes in a clinical assessment is of critical importance, yet highly challenging in children with specific disorders, such as mood disturbances or behaviour problems. The way children emotionally respond to conflicts portrayed in the narratives can be related to behaviour or emotional problems (Beresford, Robinson, Holmberg & Ross, 2007). Narrative responses to story-stems have been used to elicit children's representations both in research, clinical assessment and intervention. Narrative is the centrepiece of counselling and therapy (...) as well as the core of depositions and testimony (Wolf, 2003). It is not easy for children to report essential symptoms in a clinical process, so the assessment of children can be quite challenging, however, even though children do not always have cognitive, affective or linguistic skills to express their emotions, their narrative construction in response to story-stems allows them to reveal their inner world, including emotions and relational themes, representations of conflict, defence mechanisms and coping strategies (Emde, 2003). Therefore, narrative techniques play an important role in assessing children's skills and risk factors in development. Rather than first and foremost a personal expression, storytelling is how we connect our life to other lives. It is how we make the internal flow of subjective experience into interpersonal negotiation or understanding (Oppenheim, 2003). Narratives provide young children and their caregivers with the means to understand, communicate and regulate their affective experience, since they appear as shared forms of making sense of experience. (Emde, 2003).

Story-stems

But what are these story-stems techniques? Story stems consists of applying a set of story beginnings that highlight everyday family scenarios. Each one contains a main

dilemma that the child is invited to resolve. Since the portrayed conflicts are usually emotionally evocative, the child has to address the conflict, integrating it in an organized and meaningful narrative (e.g. Oppenheim, 2001; Emde, 2003; Wan & Green, 2010). This emotional challenge is a rich opportunity to observe affect regulation and thoughts that are related to the way that children interpret reality (Oppenheim, 2001).

Most of these story-stems were designed to elicit themes concerned with the expectation of relationships between parents and children: attachment representations and internal working models. They can include themes such as: giving affection, setting boundaries, expectation that parents will be available when children need protection or comfort and will respond appropriately. They also elicit important issues of children's functioning, such as aggression modulation, sibling and peer relationships and defensive mechanisms (Hodges, Steele, Hillman, Henderson & Kaniuk, 2003). This way, we can access children's expectations and perceptions about others as a source of security or threat, and the representation and the child self-representations as deserving affection and protection. All this without asking direct questions about their own family, allowing them to move away from more traumatic events that might cause them conflict or anxiety (Hodges & Steele, 2000; Hodges et al., 2003). Narratives are also advantageous since they allow both verbal and nonverbal means of communication, letting children display memories and expectations which are not part of verbally based memory (Emde, 2003; Wolf, 2003).

The story-stems are emotionally and cognitively accessible to preschool children. The ability to create meaning using narrative develops rapidly between age three to six (Holmberg, Robinson, Corbitt-Price & Wiener, 2007). This ability takes advantage of the predisposition children have for storytelling and symbolic play, even when they still are in a developmental period in which language is not enough developed for clear self-reports or clinical interviews. So, story-stems are a privileged way to access the processes of construction of children's internal reality, allowing us to observe signs and behaviours through the child's own voice, and within an enjoyable context of support (Wan & Green, 2010). That is why research and clinical practice in this area has been mostly driven by the need to find more effective ways to access the internal experiences of children, including narrative representations of feelings and behaviours, even in preschool age children (Murray, 2007).

The theoretical principle behind this, is that children's narratives reflect mental representation about themselves and others. Certain emerging thematic contents in the

narratives reflect social-cognitive processes and can be associated with significant clinical information (Hodges & Steele, 2000; Hodges et al., 2003). So far, research has been productive in elucidating about internal experiences of children, including their determinants and their role in child behaviour (Wan & Green, 2010). Since story-hey are structured story beginnings which are administered according to standardized procedures, the information collected can be evaluated in a psychometric way. So the narratives are assessed according to multiple dimensions in various coding systems. Therefore, this method allows comparison between clinical groups on different outcomes from several research teams (Beresford, et al., 2007).

The use of story-stems with risk populations

Moving beyond parent-report, clinicians are faced with the dilemma of how to evaluate the child's own experience of psychiatric symptoms (Page, Boris, Heller, Robinson, Hawkins & Norwood, 2011). Research so far evidences a relationship between children's narrative contents and internalizing or externalizing problems, stating it as a way to access risk or resilience factors (Warren, 2003). This procedure is particularly advantageous in children with hidden experiences, i.e., experiences which parents are not able to concretely report (Emde, 2003). Murray (2007) analysed how specific stories stems can be developed to explore representations of preschool children with social phobia (e.g., going to a friend's house in a party) and Bretherton and Page (2004), developed story-stems that sought to elucidate about particular experiences such as divorce. Page et al., (2011) showed that children's narratives allowed to differentiate socially competent children from those with specific psychosocial risks associated with externalization and internalization, and how these indices of risk are related to perceptions of attachment, exploration/sociability and caregiving.

Narratives were also associated with greater vulnerability in peer relationship and social isolation. Several studies show that narrative representations are associated with behaviour problem, and though sometimes with contradictions largely due to methodological differences, it is possible to find common ground on the results obtained. There are associations between social competence in preschool children and disciplinary pro-social and moral themes (von Klitzing, Stadelmann & Perren, 2007). Narrative story-stems have also been studied extensively in relation to social behaviour in school and home settings, particularly externalization as internalization as reported by teachers and/or mothers

(Page, et al., 2011). So, in this study we will develop two important dimensions to explore in risk populations: internalization and externalization problems.

Two dimensions: internalizing and externalizing

Behavioural and emotional functioning represent a key developmental outcome and are strong predictors of future adjustment (Kauffman, 2001). There are convincing evidences that childhood psychopathology can be divided along two dimensions comprised of externalizing and internalizing symptoms (Achenbach & Edelbrock, 1978; Guttmannova, Szanyi & Cali, 2007). Internalizing behaviour problems, are defined as an overcontrol of emotions, and include social withdrawal, feelings of worthlessness and dependency. They are marked by anxiety, depression and somatic concerns and are generally associated with poor social skills, phobias, immaturity, etc. Conversely, externalizing behaviour problems are characterized by an undercontrol of emotions and include difficulties in interpersonal relationships, rule breaking, irritability and belligerence. It refers to an excess of behaviour, i.e., aggression, noncompliance and hyperactivity (Achenbach & Edelbrock, 1978; Guttmannova et al., 2007, American Psychological Association, 2013). Even though childhood difficulties are often viewed as transient, these behaviours are an important predictor of maladjustment. It is generally agreed that family can promote the emergence and maintenance of these behaviours (Kauffman, 2001).

Internalizing: One common feature of depressive disorders is the presence of sad, empty or irritable mood, with somatic and cognitive changes that significantly affect the individual's adjustment. They may also present markedly diminished interest or pleasure in all activities; psychomotor agitation or retardation; feelings of worthlessness or inappropriate guilt; diminished ability to think or concentrate, indecisiveness and in more extreme cases, recurrent thoughts of death. (American psychological Association, 2013). Concerning cognitive aspects, children with internalization problems tend to make internal, stable and global attributions for negative events and to present negative expectations about the future (Kauffman, 2001).

Bowlby's attachment theory postulates that a major cause of mood disorders comes from insecure attachment (Dumas, 2001). Developmental research shows that when children cannot establish a secure relation with parental figure, they are at higher risk for depressive symptoms, for at least three reasons: 1) The child is deprived of attention from the adult who does not provide comfort in stressful situations, making it difficult for the child to progressively learn how to manage negative emotions. 2) Gives children a negative image

of the world, leading them to consider it as a dangerous place in which it is difficult to rely on others. 3) Leads children to develop a negative self-image, and to develop a belief that they don't deserve to be loved (Dumas, 2001).

There are associations between narrative themes and internalizing symptoms (Oppenheim, Emde & Warren, 1997; Oppenheim, Nir, Emde, & Warren, 1997; Warren, Emde & Sroufe, 2000). Children's narrative responses can help in assessing separation anxiety disorder, social phobia, mania and depression (Warren, 2003). Verschuren and Marcoen (1999) showed that children who represent insecure attachment relationships in their narratives are more likely to demonstrate anxious/withdraw behaviours in kindergarten. Warren, Emde and Sroufe (2000) found associations between some emerging narrative themes and internalizing disorders in children, such as representing the child doll as not competent, don't ask help to the parent during stressful situations, assuming the parental role, having trouble with separation, denying negative feelings and ending the stories negatively. According to Page and Bretherton (2001), children rated as higher on internalizing, tend to rate lower in narrative engagement.

In summary, according to a literature review from Warren (2001), children with higher levels of internalization and anxiety may show the following features in their narratives: I) Child doll portrayed as not able to deal with adversity. II) Not having the child doll go to the parent doll for help during stressful situations. III) Having the child doll assume the parental role or responsibilities. IV) Troubles with separation but denying associated negative feelings. V) Ending the stories negatively. VI) Restricted or conflictual father-child relationships. Beresford et al., (2007), analysed the narratives of preschool children with mood disorders (measured by parental reports of depression and mania). They found that referred children differ significantly from the non-referred, demonstrating more stress and internal disorganization in their narratives.

Externalizing: Compared to internalizing, the externalizing disorders have yielded a larger body of research (Cicchetti & Toth, 1991). Many of the behavioural symptoms can be a result of poorly controlled emotions and are more common in males. These children usually don't feel responsible for their actions and they often interpret wrongly other's people behaviour, leading to conflicts (Dumas, 2001). So, teasing, stealing, lying or verbal and physical aggression are common examples of externalizing problems, as well as argumentativeness and defiance behaviour, blaming others for their mistakes, initiating physical fight, lack of remorse and angry/irritable mood.

The family risk factors are associated with anxious attachment, reciprocal exchanges of coercive nature, lack of affectionate expression, inconsistent and punitive parental discipline and lack of opportunities and encouragement needed to develop emotional and social skills (Dumas & Wekerle, 1995; Dumas, 2001). When it comes to discipline, these mothers are inconsistent, react to faults of their children screaming, punishing them severely or even beating them. They also tend to threat with consequences that they do not carry on, ignoring or even encouraging inappropriate behaviour, which leads to an affective and cognitive inconsistency (Dumas, 2001).

Children's narrative representations about their parents are related to parental reports of externalizing symptoms (Zahn-Waxler, Cole, Richardson & Friedman, 1994; Warren, Emde & Oppenheim, 1996; von Klitzing, Kelsay, Emde, Robinson, & Schmitz, 2000). Children at risk of externalizing disorders tend to respond to stories of conflict with avoidance, anger and emotional dysregulation, and to stress-inducing stories with less reparative verbal responses and more anger (Zahn-Waxler et al., 1994). Warren, Oppenheim & Emde (1996) it was found increased aggression and emotional dysregulation in the narratives of children with more behaviour problems, even after controlling for child's language, temperament and engagement. Nir, Warren and Emde (1997) found that children with externalizing problems also portray more negative representations of their mothers (e.g. don't provide positive discipline). Although the results of studies linking narrative coherence to problem behavior do not always go in the same direction, there are evidences of the existence of a negative relationship between narrative coherence and externalizing behaviors (Oppenheim, Nir, Warren, & Emde, 1997). In five year old children, the aggressive themes are correlated with behaviour problems. Thus, children with behaviour problems portray more anger and aggression when they are confronted with conflicts and dilemmas. (von Klitzing, Kelsay, Emde, Robinson & Schmitz, 2000). The use of avoidance strategies to deal with the anxiety or fear is prominent, showing that these mechanisms can lead to a cycle that it is hard to break (Warren, Emde, & Sroufe, 1997; Minze, McDonald, Rosentraub & Jouriles, 2010).

In summary, according to Warren's literature revision (2001), children with higher levels of externalizing behaviour problems have shown the following features in their narratives: I) Less compliance, fewer verbal reparative responses and more anger. II) More aggressive themes. III) More distress, avoidance and emotional dysregulation. IV) More danger themes. V) More preoccupation with eating. VI) Portraying the child doll as a

superhero yet unable to competently resolve problems. VII) Negative representations of the parent dolls. Those themes, especially danger themes, suggest that children felt vulnerable, since it tends to be accompanied by portraying the child characters as unable to competently solve problems. The significant correlation between emotional incoherence and behaviour problems suggest that these children are not only prone to create aggressive themes, but also unable to resolve them coherently (Warren, 2001).

A small study of adopted children who had previously been maltreated, shows that children whose adoptive mothers have an insecure attachment mental state, present more aggression, bizarre, rejection and injury/death themes in their stories than those of secure mothers (Hodges et al., 2003). In a study with a clinical sample of boys with behavioural problems, it was found that they showed more aggression in comparison with non-referred children, even when controlling child's age, verbal IQ and ability to tell stories. The story-stems induced fear or stress. Unregulated aggression in conflict story-stems, and the reduced intentionality in stress story-stems, were clinical predictors. (Hill, Fonagy, Lancaster & Broyden, 2007). Also related to behavioural disturbances is domestic violence. The way children perceive parental conflict, shows how domestic violence can lead to child's externalizing behaviours, since it compromises the understanding of conflict situations. That is observable in the narrative coherence (Minze et al., 2010). In order to produce a coherent narrative, the child's response must "make sense" to the listener, reflecting an understanding of the situations. This requires that the child recognizes and responds to the conflict instead of avoiding it. Thus, narratives from children who come from violent families present less coherence, showing how emotional stress can influence the ability to organize information, and consequently, to describe events in a coherent way. Considering that the way children understand conflicts influences the way they respond to it, an inadequate organization of the conflict leads the children to feel threatened or unable to deal with it. These feelings lead to a behavioural dysregulation during conflicts, which turns out to be linked to a more general pattern of externalizing behaviours (Minze et al., 2010).

Verbal competence

In risk samples, children's language and sequencing skills may be delayed (Greenberg, Kusche & Speltz, 1991). Therefore, language, thought and behaviour are related, so verbal competence has an important impact on behavioural adjustment. As children acquire language, they begin to express themselves in a more coherent way, expressing verbally what before could only be communicated in action, image or affectivity.

Aggression during social interactions may undermine the use of language, since it can generate more action-oriented, and fewer verbal solutions in response to social dilemmas. Language may also play a central role in the emergence and development of these problems, since those deficits have a negative impact in children's perceptions or judgments of themselves or others. Limited verbal abilities may reduce the capacity for self-control and inhibit social problem-solving, so children who are less able to reason or assert themselves verbally, may aggress to gain control in social exchanges. In brief, language failures might contribute to socio-emotional symptomatology (Bornstein, Hahn & Suwalsky, 2013).

Hypothesis:

The primary research goal was to explore how content and performance in narratives of children referred as having significant internalizing and externalizing symptoms, differs from regular children in the control group. i.e., in what ways are parents assessments of children's psycho-social adjustments differentially associated with children's family narratives. Hence we expect that the externalizing children will present: a) more danger and aggression themes (Zahn Waxler et al., 1994; von Klitzing et al., 2000; Woolgar et al., 2001; Hill et al., 2007); b) More avoidance (Zahn Waxler et al., 1994; Warren, 2001); c) Less compliance (Warren, 2001) d) More emotional dysregulation (Zahn-Waxler et al., 1994; Oppenheim & Emde, 1996; Warren, 2001); e) Few verbal reparative responses (Zahn-Waxler et al., 1994; Warren, 2001); f) More negative parental representations (Nir et al., 1997); g) less narrative coherence (Oppenheim et al., 1997, Minze et al., 2010).

The internalizing children, like the previously literature has suggested (Warren, Emde & Sroufe, 2000; Warren, 2001) will present the child doll as: a) Not being able to deal with adversity; b) Not asking the adults for help during stressful situations; c) Assuming parental roles; d) Denying negative feelings; Additionally, will also: f) present lower narrative attachment (Page & Bretherton, 2001, Page et al., 2011).

This is relevant in the validation of story-stems, permitting to explore how narratives can serve as a window to the children's representations of their affective experiences, and to what extent it allows us to observe regulation of affect processes that can bring out relevant material about how children interpret reality. It also give us clues about the diagnostic potential of this method, and how it can bring to the surface strengths and weaknesses that may be relevant for further intervention.

Method

Participants:

Thirty children (15 girls and 15 boys), aged between 5 and 8 ($M = 7.10$, $SD = .92$), were divided between three groups, each one with 10 children: IG (internalizing group), EG (externalizing group) and CG (control group). They were selected based on their results in the Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997). In the IG, the emotional symptoms were equal or higher to four, conduct problems were lower or equal to three, and hyperactivity/inattention inferior or equal to six. In the EG, conduct problems were equal or superior to three, and hyperactivity/inattention equal or superior to six. In the CG, the total score was equal or lower than six. The EG is mostly composed of boys, supporting the literature which suggests that externalizing disorders are more common in boys (Cicchetti & Toth, 1991; Guttmanova et al., 2007).

Multiple comparisons between the three main groups were calculated to see if they vary when controlling for age, parent's level of education, and verbal competence. The three groups only differed in a significant way in the WISC-III vocabulary subtest ($F(2) = 8.5$; $p < .05$). The mean of the EG ($M = 5.78$, $SD = 2.49$) was lower than the means of the IG ($M = 8.90$, $SD = 2.69$) and the CG ($M = 9.70$, $SD = 0.78$).

Table 1. Sex and Age distribution according to the three main groups

| | | IG | EG | CG | Total |
|------|-------|----|----|----|-------|
| Sex | Girls | 6 | 3 | 6 | 15 |
| | Boys | 4 | 7 | 4 | 15 |
| Ages | 5 | 1 | 0 | 1 | 2 |
| | 6 | 2 | 2 | 1 | 5 |
| | 7 | 2 | 5 | 4 | 11 |
| | 8 | 5 | 3 | 4 | 12 |

Measures and Procedures

Strengths and Difficulties Questionnaire (Goodman, 1997). The SDQ is a brief screening questionnaire that is completed by parents and teachers of children aged from 4 to 17 year old. Children's symptoms/strengths are assessed according to four scales: emotional symptoms (many worries or often seems worried), conduct/oppositional problems (often fights with other children), hyperactivity/inattention (restless, overactive, cannot stay still for long) and pro-social behaviour (considerate of other people's feelings). Each scale

consists of 5 items that are rated on a 3 point scale, from 0 to 2, and the score of each scale may vary between 0 and 10. The sum of the scores of the first difficulties score may vary from zero to forty. The Portuguese version of the SDQ (Fleitlich, Loureiro, Fonseca e Gaspar, 2005) was used and it was completed by the children's teachers.

Vocabulary subtest of the WISC III (Wechsler Intelligence Scale for Children—third edition;). The examiner asks the child to define a set of words. Vocabulary competences are a powerful indicator of children's verbal competence. The Portuguese version of this subtest (Simões, 2003) was applied to all children.

Story-stems. Five story-stems from the Mac Arthur Story Stem Battery (MSSB; Bretherton & Oppenheim, 2003) were administered. The first one, "Birthday Party" is as an introduction for modelling the construction of the narrative and the process of dramatization with dolls. This warm-up story is as an opportunity to assess the child linguistic and play skills and to provide structure and support as needed. The second story was "Mom's Headache" which confronts the child with a conflict between empathy towards the need expressed by the maternal figure and empathy towards the wish expressed by a friend. The third story, "Stealing Candy", is about a transgression. The fourth one, "Walking to the park", is about pride and mastery. The fifth one, "The Cookie Jar", is similar to the second one: empathy towards little brother or loyalty towards parents. The last one, "Band-Aid" it is from the Family Stories Task (FAST; Shamir, Rocher, Schudlich & Cummings, 2003), and it also presents a dilemma between the need for caring and limit setting. The order by which the story stems were administered was always the same. A set of dolls that represented a standardized family and a set of props were used. The application takes about 40 minutes.

Story-Stem Assessment Profile Codification System: The SSAP codification system (Hodges, *et al.*, 2003) consists of 33 themes organized around 5 group codes: engagement, child and adult representations, aggression representation, disorganization and other defensive and content representation codes. Each theme is scored on a 3-point scale. This system is mostly based on and attachment representations (Hodges & Steele, 2000; Hodges *et al.*, 2003; Roman, 2012), so the codes are grouped according to four global constructs: security, insecurity, avoidance and disorganization (Table 2). Since it has been mainly used with adopted children, we will explore if this code system can also be sensitive in detecting and differentiating symptoms linked to externalizing and internalizing behavior that are also related to children's internal working models.

Table 2 Codes that integrate the constructs of Security, Insecurity, Avoidance and Disorganization

| Constructs | SSAP contents |
|--|--|
| Security: Parental figures respond effectively to the needs of children. Children are able to solve situations or ask for help when in need, all this in a positive affective environment. | Child seeks help support; siblings/peers help or protect; realistic active mastery, adult provides comfort, help, protection, affect; limit setting, coherent aggression, acknowledge of child and adult distress and pleasurable domestic life. |
| Insecurity Danger situations and negative representations of parental and child figures. | Child endangered; child or adult injured or dead; excessive compliance, adult unaware or actively rejecting and throwing away/out. |
| Avoidance: Avoiding certain contents and feelings, mostly connected to negative attachment representations | No engagement, disengagement, initial aversion, premature foreclosure, changing narrative constraints, avoidance within narrative frame, denial/distortion of affect and neutralization/diversion from anxiety. |
| Disorganization: Strange contents, mostly in a catastrophic and aggressive environment where the inversion of roles it's frequent. | Child parents or controls, extreme aggression, catastrophic fantasy, bizarre or atypical responses and changing of bad to good shift. |

Coding process: The narratives were video-recorded and the dialogues were transcribed. To assess fidelity, 20% of the narratives were coded by two independent raters. Inter-rater agreement and Cohen's kappa coefficient were calculated. The analysis was performed according to the categories that comprise the coding system. The inter-rater agreement oscillates between 90% and 100%. The lowest values were obtained in: *disengagement, premature foreclosure, child seeks help/support, realistic active mastery and acknowledge of child and adult distress*, with 93.3% of agreement. In the remaining categories, the results vary between 96.7% and 100%, supporting the high fidelity of the coding system. The results in Cohen's Kappa were also quite satisfactory: good to very good reliability (oscillating between .74 and 1). However, in codes like *initial aversion, child seeks help support, child endangered, child injured or dead, adult unaware, adult actively rejects, child shows aggression and neutralization/diversion from anxiety*, due to absence of variation it was not possible to assess Cohen's kappa.

Results

The score of each theme across all narratives was calculated for each child (Table 3). Because of its low frequency and lack of contribution for statistical analysis, some codes were no longer considered. The first was *no engagement*, since it requires a total abandonment of the task, and this would invalidate the child inclusion in the sample. The distinction between *coherent* and *extreme* aggression was not considered because we only intended to see if children represented the child or the adult as being aggressive. *Disengagement, throwing away/out* and *magic/omnipotence* were excluded since they barely appear. Since the sample was small and it did not meet the parameters of a normal distribution, Spearman's correlations were calculated.

The older the child, the less it presents behaviors of *disengagement* ($R = -.36, p < .05$), *avoidance within frame* ($R = -.46, p < .05$), and *child seeks help/support* ($R = -.43, p < .05$). However, there is a positive correlation with *acknowledge of child distress* ($R = .40, p < .10$).

The results in the vocabulary subtest are positively correlated with *changing narrative constraints* ($R = .37, p < .05$) and *acknowledge of child distress* ($R = .33, p < .10$).

When it comes to the SSAP codes (Table 4), no *closure* is positively correlated with injuries/death in adults, child endangered, catastrophic fantasies, children parenting/controlling and adult/child showing aggression. *Realistic active mastery* is negatively correlated with representations of the adult as *unaware, actively rejecting, physical punishment*, child/adult *injured or dead* and *catastrophic fantasy*. *Acknowledge of child distress* is negatively correlated with representations of the child as asking for help or support, adult showing affect or injured/dead, catastrophic fantasies, bizarre/atypical responses, changes of bad to good shift, no closure and denial/distortion of affect. *Adult provides help/protection* is negatively correlated with denial/distortion of affect. *Child injured or dead* correlates positively with adult actively rejecting and physical punishment. *Adult injured or dead*, is positively correlated with child showing aggression and bizarre/atypical responses.

Table 3. Means, Standard Deviations, Minimal and Maximal values in SSAP codes

| | <i>Codes</i> | <i>M</i> | <i>SD</i> | <i>Min</i> | <i>Max</i> |
|--|---|----------|-----------|------------|------------|
| Engagement | 1. Inicial aversion | .01 | .01 | .00 | .20 |
| | 2. No closure | .33 | .44 | .00 | 2 |
| | 3.Premature foreclosure | .29 | .40 | .00 | 1.6 |
| | 4. Changing narrative constraints | .14 | .22 | .00 | .80 |
| | 5. Avoidance within narrative frame | .28 | .32 | .00 | 1.2 |
| Child representation | 6. Child seeks help/support | .15 | .15 | .00 | .40 |
| | 7. Siblings/peers help/comfort | .09 | .16 | .00 | .40 |
| | 8. Realistic active mastery | .34 | .23 | .00 | .80 |
| | 9. Child endangered | .07 | .15 | .00 | .40 |
| | 10. Child injured/dead | .21 | .27 | .00 | .80 |
| | 11. Excessive compliance | .24 | .18 | .00 | .60 |
| | 12. Child parents or controls | .10 | .16 | .00 | .40 |
| Adult representation | 13. Adult provides Comfort | .11 | .26 | .00 | 1 |
| | 14. Adult provides help/protection | .47 | .33 | .00 | 1.2 |
| | 15. Adult shows affection | .21 | .29 | .00 | 1.2 |
| | 16.Adult unaware | .09 | .19 | .00 | .80 |
| | 17. Adult actively rejects | .02 | .06 | .00 | .20 |
| | 18.Adult injured/dead | .13 | .24 | .00 | .80 |
| | 19..Limit setting | 1.23 | .37 | .60 | 1.8 |
| Aggression representation | 22.Physical punishment | .03 | .10 | .00 | .40 |
| | 21. Child shows aggression | .05 | .14 | .00 | .40 |
| | 22. Adult shows aggression | .07 | .15 | .00 | .40 |
| Disorganization representation | 23. Catastrophic fantasy | .12 | .21 | .00 | .80 |
| | 24. Bizarre/atypical responses | .23 | .40 | .00 | 1.4 |
| | 25. Bad to good shift | .04 | .13 | .00 | .80 |
| Other defensive and content representation | 26. Acknowledge of child distress | .85 | .51 | .00 | 2 |
| | 27. Acknowledge of adult distress | .08 | .14 | .00 | .40 |
| | 28. Denial/distortion of affect | .07 | .14 | .00 | .40 |
| | 29.Neutralisation/diversion from affect | .12 | .21 | .00 | .80 |
| | 30.Pleasurable domestic life | .20 | .32 | .00 | 1.4 |

Tabel 4. Correlations Between SSAP codes

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|--|---------|------|---------|---------|-------|-------|-------|--------|---------|--------|--------|-------|-------|--------|---------|--------|--------|--------|--------|------|--------|-------|------|--------|-------|--------|---------|---------|------|-----|
| 1. Disengagement | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Inicial aversion | .11 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. No closure | .20 | .00 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Premature foreclosure | -.13 | .12 | -.58*** | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Changing narrative constraints | -.28 | -.21 | .33* | -.29 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Avoidance within narrative frame | -.02 | .10 | -.02 | -.11 | .08 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Child seeks help/comfort/protection | -.47*** | -.21 | -.16 | .11 | -.24 | -.23 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Siblings/peers help/comfort/protect | -.24 | .08 | .05 | .06 | -.03 | .35* | -.08 | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 9. Realistic active mastery | -.12 | -.15 | -.08 | .09 | -.28 | -.01 | -.19 | .23 | 1 | | | | | | | | | | | | | | | | | | | | | |
| 10. Child endangered | -.27 | .24 | .37** | -.08 | -.21 | -.17 | .33* | .09 | -.12 | 1 | | | | | | | | | | | | | | | | | | | | |
| 11. Child injured/dead | .15 | -.24 | -.09 | -.06 | .06 | .01 | .21 | -.09 | -.46** | -.40** | 1 | | | | | | | | | | | | | | | | | | | |
| 12. Excessive compliance | -.33* | .11 | -.05 | -.03 | .21 | .23 | -.06 | -.27 | -.13 | -.21 | -.03 | 1 | | | | | | | | | | | | | | | | | | |
| 13. Child parents/controls | .19 | .05 | .42** | -.23 | .30 | .14 | -.17 | -.00 | -.12 | -.16 | .08 | .13 | 1 | | | | | | | | | | | | | | | | | |
| 14. Adult provides confort | -.12 | -.13 | -.04 | .12 | -.20 | .03 | .15 | .24 | .21 | .01 | .08 | -.30 | -.21 | 1 | | | | | | | | | | | | | | | | |
| 15. Adult provides help/protection | -.09 | -.23 | .12 | -.17 | -.25 | -.33* | .31* | -.15 | -.08 | .40** | .18 | -.11 | -.26 | -.03 | 1 | | | | | | | | | | | | | | | |
| 16. Adult shows affection/appreciation | .10 | .01 | .13 | -.07 | .00 | .40** | -.17 | .29 | -.07 | .18 | -.11 | -.15 | .15 | -.16 | .05 | 1 | | | | | | | | | | | | | | |
| 17. Adult unaware | -.30 | .26 | -.07 | .06 | -.03 | .24 | .01 | .00 | -.48*** | .04 | .28 | .40** | .20 | -.25 | -.08 | .04 | 1 | | | | | | | | | | | | | |
| 18. Adult actively rejects | .03 | -.09 | .25 | -.15 | .40** | .02 | -.07 | -.02 | -.49*** | -.15 | .57*** | .15 | .23 | -.17 | -.05 | .11 | .39** | 1 | | | | | | | | | | | | |
| 19. Adult injured/dead | .15 | .11 | .64*** | -.45** | .24 | .20 | -.13 | .34* | -.37** | .35* | .09 | -.20 | .33* | -.11 | -.05 | .31* | .07 | .25 | 1 | | | | | | | | | | | |
| 20. Limit setting | -.12 | .04 | .19 | -.34* | .21 | -.17 | .04 | -.39** | -.09 | .07 | -.09 | .17 | .22 | -.39** | -.03 | -.03 | -.00 | .03 | .08 | 1 | | | | | | | | | | |
| 21. Physical punishment | -.16 | -.07 | .16 | -.03 | .37** | .18 | .02 | .07 | -.39** | -.12 | .46** | .37 | .37** | -.13 | -.04 | .24 | .53*** | .80*** | .11 | .05 | 1 | | | | | | | | | |
| 22. Child shows aggression | -.04 | -.11 | .36* | -.12 | .34* | .04 | .27 | .23 | -.06 | .35* | -.09 | -.02 | .31 | -.20 | -.11 | .39** | .05 | .20 | .42** | -.01 | .29 | 1 | | | | | | | | |
| 23. Adult shows aggression | -.27 | .24 | .33* | -.14 | .04 | .17 | .11 | .25 | -.34 | .52*** | .07 | .08 | .06 | -.01 | .26 | .34* | .48*** | .45** | .31* | .06 | .60*** | .35* | 1 | | | | | | | |
| 24. Catastrophic fantasy | -.01 | .06 | .42** | -.30 | .38** | -.24 | .03 | -.15 | -.58*** | .22 | .30* | .17 | .16 | -.32* | .10 | -.03 | .41** | .62*** | .47*** | .17 | .49*** | .18 | .31* | 1 | | | | | | |
| 25. Bizarre/atypical responses | .22 | .05 | .58 | -.50*** | .30 | -.11 | -.08 | .08 | -.19 | .17 | .04 | -.02 | .37** | -.25 | .00 | -.01 | -.04 | .25 | .68*** | -.08 | .12 | .37** | .01 | .62*** | 1 | | | | | |
| 26. Bad – Good shift | -.23 | -.11 | .18 | -.06 | -.14 | .29 | -.14 | .32* | .06 | .10 | .11 | .03 | .15 | .04 | .05 | .24 | .06 | .21 | .22 | -.11 | .30 | -.15 | .10 | .20 | .25 | 1 | | | | |
| 27. Acknowledge of adult distress | -.19 | -.16 | -.13 | .19 | -.04 | .11 | .30 | .25 | .06 | -.09 | .14 | .14 | -.30 | .27 | .25 | -.07 | -.30 | -.20 | -.04 | -.21 | -.16 | -.04 | -.10 | -.38** | -.25* | -.04* | 1 | | | |
| 28. Acknowledge of child distress | -.20 | -.03 | -.49*** | .03 | -.19 | -.13 | .40** | -.22 | .02 | -.15 | .08 | .11 | -.27 | .35* | .17 | -.40** | -.23 | -.23 | -.41** | -.05 | -.22 | -.26 | -.21 | -.38** | -.31* | -.35** | .40 | 1 | | |
| 29. Denial/distortion of affect | .13 | .22 | .18 | .07 | .27 | .35* | -.24 | .23 | -.13 | .02 | -.11 | .09 | .18 | -.25 | -.56*** | .17 | .41** | .13 | .28 | .11 | .22 | .33* | .25 | .22 | .07 | -.03 | -.30*** | -.62*** | 1 | |
| 30. Neutralization /diversion anxiety | .17 | .06 | .18 | -.09 | .06 | .11 | -.16 | .04 | -.14 | -.13 | -.09 | .18 | -.01 | .05 | -.16 | .00 | .08 | .03 | .16 | -.27 | .12 | -.08 | .06 | .09 | .21 | -.15 | .10 | -.10 | .11 | 1 |
| 31. Pleasurable domestic life | .21 | -.22 | .08 | -.32 | -.21 | -.05 | .23 | .18 | .31 | .18 | -.22 | -.15 | -.29 | .09 | .34* | .09 | -.06 | -.28 | -.19 | .07 | -.22 | .04 | .05 | -.12 | -.08 | -.07 | -.06 | .10 | -.13 | .03 |

* $p < .10$, ** $p < .05$, *** $p < .01$

In order to verify content and performance in the narratives of the IG and the EG, differs from regular children in the CG, Kruskal–Wallis test was used (Table 5).

Table 5: Means and Standard Deviations in SSAP codes according to the three main groups

| | Codes | IG | | EG | | CG | | Group differences |
|--|---|----------|-----------|----------|-----------|----------|-----------|-------------------|
| | | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | |
| Engagement | 1. Disengagement | .08 | .14 | .18 | .31 | .02 | .06 | EG>IG CG |
| | 2. No closure | .26 | .23 | .48 | .62 | .26 | .39 | EG>IG CG |
| | 3.Premature foreclosure | .32 | .48 | .28 | .27 | .28 | .44 | IG>EG CG |
| | 4. Changing narrative constraints | .18 | .26 | .12 | .21 | .12 | .19 | IG>EG CG |
| | 5. Avoidance within narrative frame | .28 | .38 | .24 | .25 | .32 | .35 | CG>IG>EG |
| Child representation | 7. Child seeks help/support | .10 | .17 | .04 | .08 | .18 | .15 | CG>IG>EG* |
| | 8. Siblings/peers help/comfort/protection | .04 | .08 | .12 | .17 | .12 | .19 | EG CG>IG |
| | 9. Realistic active mastery | .32 | .21 | .32 | .29 | .38 | .20 | CG>IG EG |
| | 10. Child endangered | .04 | .13 | .08 | .17 | .08 | .17 | IG EG CG |
| | 11. Child injured/dead | .28 | .33 | .20 | .27 | .14 | .19 | IG>EG>CG |
| | 12. Excessive compliance | .34 | .19 | .16 | .13 | .22 | .18 | IG>CG>EG* |
| | 13. Child parents or controls | .10 | .14 | .16 | .18 | .04 | .13 | EG>IG>CG |
| Adult representation | 14. Adult provides Comfort | .00 | .00 | .06 | .13 | .28 | .39 | CG>EG>IG* |
| | 15. Adult provides help/protection | .46 | .31 | .34 | .23 | .60 | .40 | CG>IG>EG |
| | 16. Adult shows affection/appreciation | .22 | .24 | .20 | .23 | .22 | .40 | IG CG CG |
| | 17.Adult unaware | .12 | .19 | .12 | .27 | .02 | .06 | IG CG>CG |
| | 18. Adult actively rejects | .04 | .84 | .02 | .63 | .00 | .00 | IG EG CG |
| | 19.Adult injured/dead | .10 | .22 | .24 | .30 | .06 | .19 | EG>IG CG |
| | 20.Limit setting | 1.30 | .29 | 1.20 | .40 | 1.18 | .44 | IG>EG CG |
| Aggression representation | 21.Physical punishment | .08 | .17 | .00 | .00 | .00 | .00 | IG>EG CG |
| | 22. Child shows aggression | .08 | .17 | .04 | .13 | .04 | .13 | IG EG CG |
| | 23. Adult shows aggression | .08 | .17 | .04 | .13 | .08 | .17 | IG EG CG |
| Disorganization representation | 24. Catastrophic fantasy | .18 | .27 | .14 | .21 | .04 | .13 | IG EG>CG |
| | 25. Bizarre/atypical responses | .32 | .50 | .32 | .45 | .06 | .13 | IG EG>CG |
| | 26. Bad to good shift | .04 | .13 | .10 | .17 | .00 | .00 | EG>IG CG |
| Other defensive and content representation | 27. Acknowledge of child distress | .08 | .17 | .02 | .06 | .14 | .16 | CG>IG>EG*** |
| | 28. Acknowledge of adult distress | .72 | .27 | .50 | .29 | 1.34 | .51 | CG>IG>EG |
| | 29. Denial/distortion of affect | .06 | .13 | .14 | .19 | .00 | .00 | EG>IG>CG* |
| | 30.Neutralisation/diversion from affect | .14 | .21 | .12 | .27 | .10 | .17 | IG EG CG |
| | 31.Pleasurable domestic life | .14 | .05 | .04 | .04 | .42 | .14 | CG>IG>EG* |

* $p<.10$, ** $p<.05$, *** $p<.01$

Engagement: *Disengagement* is more frequent in the EG, reflecting their difficulty to stay focused in the task for a long period of time. *No closure* appears in all groups. As "1" is scored when the child solves the conflict but describes a new redundant sequence of events, this code does not necessarily imply that children are not able to conclude the story, but it can show that the child is enjoying the task and did not want to leave it. Therefore, it is not a clear sign of disengagement or avoidance. In *changing narrative constraints*, the IG is slightly higher values than the other groups. *Premature foreclosure* and *avoidance within narrative frame* do not differ across groups. **Child representations:** *Child seeks help/support* significantly differs across groups ($H = 5.22, p < .10$), mostly because it barely exists in the EG, and has its higher values in the CG. In *siblings or peers provide help/comfort* the IG shows the lower values, suggesting they describe brothers or colleagues as less responsive when they are in need. In *Realistic active mastery* the CG has a slightly higher value than the IG and the EG, but it is not significant. *Child endangered* appeared few times. Although some stories put the child in danger since the beginning, it was only coded when these injuries got worse. *Child injured or dead* is more frequent in the referred children, especially in the IG. *Excessive compliance* showed significant differences ($H = 4.99, p < .10$). It is more frequent in the IG and less frequent in the EG. *Child parents or controls* is more frequent in the EG and quite rare in the CG. **Adult representation:** *The adult provides comfort* significantly differs across the groups ($H = 5.38, p < .10$). It only appears in the CG. In *Adult provides help/protection*, the CG shows higher values. In *adult shows affection*, there are no significant differences. *Adult unaware* has higher scores in the IG and the EG. *Adult actively rejects* did not appear in the CG and barely appears in the other groups. *Adult injured or dead* has higher values in the EG, followed by the IG. This code is barely visible in the CG. *Limit setting* shows that none of the groups presents the adult as totally absent. **Aggression representation:** There are lower levels in *physical punishment*, and the *child* and the *adult* are rarely portrayed as *showing aggression*. **Disorganization representation:** *Catastrophic fantasy* is much more salient in the referred groups, barely emerging in the CG. The same happens with *bizarre or atypical responses*. The change of *bad to good shift* does not appear in the CG and is more frequent in the EG. **Other defensive and content representations:** *Acknowledge of child distress* presents significant differences across groups ($H = 13.6, p < .01$). The CG also shows to be more able to *acknowledge adult's distress* compared to IG, and especially the EG. *Neutralization/diversion from anxiety* was not a commonly used defence strategy, so it does not differ across groups. *Denial and distortion of Affect* appears in the EG. This code significantly differs across groups ($H =$

4.95, $p < .10$). In *pleasurable domestic life*, the CG clearly has the highest values, and the EG the lowest. This code significantly differs across groups ($H = 7.95$, $p < .10$).

Grouped categories. The codes were aggregated according to the four grouped attachment constructs (table 6). The sample shows a higher mean in Security, followed by Avoidance. Therefore, Insecurity and Disorganization show quite lower scores. Although they were selected for its higher values in the SDQ scales, children were not referred for a clinical assessment. However, the Security codes ($H = 17.1$, $p < .10$) and disorganization ($H = 6.41$, $p < .05$) turned out to show significant differences between the three main groups.

Table 6- Means and Standard Deviations of the four attachment indicators

| | IG | | EG | | CG | | Total | |
|--------------------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| 1. Security | 3.38 | 0.68 | 2.84 | 0.74 | 4.86 | 0.75 | 3.60 | 1.11 |
| 2. Insecurity | .92 | 0.69 | .84 | 0.56 | .52 | 0.36 | .50 | 0.56 |
| 3. Avoidance | 1.34 | 0.61 | 1.58 | 1.3 | 1.10 | 0.63 | 1.20 | 0.90 |
| 4. Disorganization | .72 | 1.03 | 0.72 | 0.58 | .14 | 0.27 | .20 | 0.73 |

Discussion

This study aims to analyse the differences between children with internalizing and externalizing problems and non-referred children in their narratives content and performance. It also aims to see if the SSAP system could provide some insight into the way attachment representations interfere and differentiate these two dimensions.

As children get older, they develop more coping strategies which allow them to deal with the conflicts, instead of avoiding them. They also become more able to recognize their needs, and to seek support from the adults. Although we could expect to find more aggression themes in boys, there were not significant gender differences. The results in the verbal competence are correlated with *changing narrative constraints*. For these changes to occur, the child must have the verbal competence to modify (sometimes in a very subtle way) the story beginning as it is presented, and present a new version of the facts that, most of the times, would make it easier to resolve since it escapes the main conflict.

The presence of insecurity and disorganization themes, are related to the child's ability to construct a coherent and secure narrative, as well as the child engagement in this

task. Besides, when children are represented as having the ability to resolve conflicts, there will be less negative adult representations and disorganization. The presence of disorganization codes and negative child and adult representations can move away the chance to embrace emotional states of stress shown by the child. Also, when the adult is represented as being available to help the child, the less the child will have to try to deny or distort the conflicts and the negative emotions.

We now look at the differences between the three main groups. The comparison between these results and the results of other previous research, cannot be made in a clear and linear way, since the coding systems vary across several research outcomes.

Engagement: Children show different degrees of distance and involvement in their narratives. They might embrace, ignore or contradict the conflict. It was expected that the EG would present more avoidance, presenting higher values in *disengagement*, *avoidance within narrative frame* and *changing narrative constraints*. It was true for *disengagement*. However, *avoidance within narrative frame* appears frequently in all groups. This is not surprising since the story-stems present dilemmas that most children would rather avoid, instead of confronting. Still, this does not mean that when encouraged, they would not resolve them. *Changing narrative constraints* was not higher in the EG, probably because it requires more developed means of verbal competence, and this group showed considerable lower scores in the vocabulary subtest. Although was also expected that the IG would present a lower narrative engagement, presenting higher values in *disengagement* and premature *foreclosure*, these codes do not show significant differences:-

Child representations: The assessment of the child's ability to seek comfort from caregivers in face of threat, links attachment more directly to distinctive mechanisms in different disorders. Such approaches might stress the attachment security, and be directly implicated in mechanisms underpinning psychopathology (Hill, et al., 2007). The *Child seeks/support* code might indicate or a lack of confidence deposited on parents as a source of support, providing some insight into negative representations of attachment, or that children do not recognize that asking their parents for help can be the most positive strategy. According to the previous hypothesis, the IG would tend to not ask parents for help during stressful situations. However, it is the EG which has the lower values in this code. Still, our hypothesis also suggest that the EG would present the adults in a more negative way, which can also lead them to not ask for parent's help. *Realistic active mastery* showed no

differences across groups. So, it did not went according the hypothesis which predicted that the IG would present the child doll as not able to deal with adversity. *Child injured/dead* showed that referred children tend to place the child in situations where their physical integrity is threatened, providing more negative frames. The IG has higher values in *excessive compliance*, and the EG the lowest, favouring the hypothesis that predicted that the EG presents less compliance, since their behaviors are more associated with disobedience and contestation. In comparison with the CG, the IG presents higher values in *child parents or controls*, assuming more parental roles.

Adult representations: The *adult provides comfort* shows how the referred children do not represent the adults as providing them comfort, either in day-to-day situations, or when their welfare is concerned. The EG shows the lower values in *adult provides help, comfort/ protection* and the higher in *adult injured or dead*. So, in this case the EG presents more danger themes, and more negative parental representations which goes accord to two of the main hypothesis. The CG shows more favorable representations of the parental figures. Attachment is relevant as it influences a child's capacity to gain support from parents and hence cope more effectively with other vulnerabilities that contribute directly to the risk of behaviour and mood disorders. Parents normally provide comfort if a child is in distress, but children who cannot rely on this comfort have to cope with distress by other means. (Beresford et al., 2007)

Aggression representations: Even though it was expected that the EG would present more aggression, few representations of aggression were found.

Disorganization representations: referred children show higher values in this dimension, comparatively with the CG. This disorganization codes lead to more difficulties in keeping a coherent story. Since the narrative coherence reflects the child's underlying organization, understanding and engagement with the presented situation (Minze et al., 2010). This reflects the hypothesis where the EG would show more emotional dysregulation and less narrative coherence. The emotional distress in a conflict situation can interfere with the ability to organize information about the conflict and consequently, leading to a state of disorganization which makes it difficult to describe the narrative's events in a coherent way (Minze et al.,2010).

Other defensive and content representation codes: *Acknowledge of child distress* shows how the referred groups present more difficulties in the recognition of the child's

emotional state, even when encouraged by the interviewer. Once again, attachment representations are relevant since parents are mostly responsible for modeling the child new ways to recognize and express emotions in an empathic way, evidencing verbal aspects of sensitivity and responsiveness (Greenberg, Kushe, Speltz, 1991). *Denial and distortion of affect* supports our hypothesis where the EG tend to present more avoidance, however, contradicts the hypothesis that predicted that the IG would deny more the negative feelings, since this group does not present major differences when compared to the CG. *Pleasurable domestic life*, shows the impact of family representations dynamics on the emergence and maintenance of negative symptoms. The EG barely describes positive family experiences which can be associated with negative representations of the parent dolls.

Grouped constructs: As expected, the CG narratives shows less indicators of insecurity, avoidance and disorganization, and more indicators of security. The IG shows the higher values in insecurity, and the EG the higher values in avoidance. Thus, these indicators can be associated with externalizing or internalizing symptoms. By exploring how attachment representations are related to conduct problems or mood disturbances, it becomes clear how attachment is positively associated with emotional regulation behind the narrative construction task.

In summary, there are significant group differences between certain SSAP codes: *child seeks help/support*, *excessive compliance*, *adult provides comfort*, *acknowledge of child distress*, *denial/distortion of affect* and *pleasurable domestic life*. However, although the system could show major differences in this codes and between referred children and the CG, there were not conclusive results concerning possible major differences between the referred groups.

Although not all with the same impact, most of the prior hypothesis were confirmed. In comparison to the CG, the EG presented more danger themes (e.g. *adult injured or dead*); more avoidance (e.g. *denial/distortion of affect*); Less compliance (*excessive compliance*); More emotional dysregulation and less narrative coherence (e.g. *byzarre/atyical responses* and *bad to good shift*); Few reparative responses (e.g. *child seeks help support*); More negative parental representations (e.g. *adult injured or dead*, *providing comfort* or providing *help/protection*, *pleasurable domestic life*). So, only the hypothesis that expected the EG to present more aggression could not be confirmed. The presence or absence of this aggressive codes is mostly related to the children's experience of maltreatment or exposure to violence.

This can explain the low scores on aggression codes, since none of the children in this sample was exposed to atypical violent episodes.

Comparatively to the CG, the IG portrayed the child doll as assuming more parental roles: (*child parents or controls*), although not as much as the EG. So, the hypothesis that predicted that the child doll would be portrayed as not asking the adults for help during stressful situations (e.g. *child seeks help support*), portrayed the child doll as: Denying negative feelings (e.g. *denial/distortion of affect*); not being able to deal with adversity (e.g. *realistic active mastery*) or present lower narrative engagement (e.g. *disengagement*) were not confirmed.

The lack of robust findings may be due to the very small samples in this study but it also suggests that large overall differences for internalizing and externalizing children are not easy to confirm. However, the hypotheses for the EG were more easily confirmed than those for the IG. There are two possible explanations for this. The first one is the complementarity of representational and emotional regulation hypothesis (Clyman, 2003). According to the representational hypothesis, abused children tend to represent conflict situations and experience emotional tension, reproducing their family dynamics in their narratives, reconstructing the negative experiences. On the contrary, the emotional regulation hypothesis is based on the assumption that children modify or avoid portraying certain behaviours of the characters, in order to escape confrontation with negative emotions. The results support the complementarity of these two hypothesis, showing that the children's narratives are multidimensional, and that they cannot be seen as clear copies of reality (Clyman, 2003; Sousa & Cruz). So, in this particular case, the EG could have represented in a more clear way their negative feelings in their narratives, reconstructing negative experiences and negative parental representations, favoring the representational hypothesis; unlike the IG that avoided to portray negative situations to order to escape confrontation with negative emotions, associated with the need for emotional regulation. It is also important to consider that externalization symptoms tend to be more visible than those of internalization.

The second explanation is that the stories stems were more inducing of feelings associated with externalizing behavior, which raises the need for a more careful analysis of the stories presented, and the need to select or construct more accurate ones in order to highlight specific response tendencies.

Conclusion

The prominence of negative, deregulated and atypical themes by children with behaviour and emotional problems may reflect different meanings: a history of emotional communication difficulties, an emotional representation of perceptions, or a perceived reality in a more literal sense (Wan & Green, 2010). So, the results of this research allow to question if the narratives are in fact a copy of reality, feelings and fantasies of children (Hodges et al., 2003). Still, the results show that children's narratives can be a useful tool in clinical assessment and intervention, as they are both windows to the child's inner world and a vehicle to express their emotional experiences. Narrative constructions may reflect the processes underlying the expression of child disturbance, bringing to life the relevance of play and narration for diagnostics and therapy in young children, emphasizing the importance of play as the transitional space between thinking and reality, where ideas and emotions can be tried out, felt, and made sense of. (Hodges et al., 2000). However, they are multi-determined, since these constructions convey representations of themselves and others, strategies for dealing with particular challenges, expression of wishes and fantasies, conflict resolution strategies, modulation of aggression and certain defensive mechanisms (Warren, Oppenheim, & Emde, 1996).

Limitations and Future directions

Story-stems can be used in improving profiling difficulties, but may also be used directly as a tool in the treatment process. The sensitivity that researchers and clinicians bring to observations of these expressions by young children, can provide them with an important opportunity for communication and understanding of their experience (Beresford et al., 2007). Children's ability to use their emotional and social resources to solve social and moral dilemmas, in spite of the presence of externalizing or internalizing symptoms, is seen as providing insight into children strengths and resilience factors that could be potentially harnessed in the context of therapeutic work. Oppenheim (2006), has emphasized the use of video replays of children's to enhance parents' insights about their child's experience. The qualitative information that narratives provide, allow the therapist to track emotional regulation problems, but it also can be used as a way to model problem-solution strategies to deal with the conflict. Research on parental representations is particularly promising, and how these may be transmitted to the child in the course of co-constructed parent-child dialogues is an important and promising research (Murray, 2007). Therefore,

since attachment constructs are important dimensions in these story-stems, more data about parents could be added, in order to better understand the specific impact of family dynamics on children's representations. Other dimensions that interfere with the storytelling ability can be controlled in a more accurate way, for example, verbal and cognitive abilities. For that we must have a larger sample, since that only 10 children per group is clearly a statistical limitation when we are looking to explore its diagnostic value. Small samples are also a common problem in this type of research, mostly due to the intensive labour involved in the coding process.

In summary, much remains to be learned about linkages between children's narratives and life experiences associated with them, in order to avoid formulating causal and linear interpretations of a construction process that is highly complex.

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